

Carl Post, OSB # 061058

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Local / Liaison Counsel for Plaintiff

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Counsel for Plaintiff

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

PORTLAND DIVISION

REESE LYLE, a consumer residing in
Oregon, individually and on behalf of all
others situated,

Plaintiff,

v.

THE PROCTER & GAMBLE COMPANY,
an Ohio Corporation,

Defendants.

Case No. 3:21-cv-01760-AC

**DECLARATION OF CARL POST;
PROOF OF MAILING**

Carl Post submit the following declaration in connection with the above-captioned matter:

1. I am an attorney representing Plaintiff Reese Lyle in this matter. This declaration is based upon personal knowledge and is submitted as Proof of Mailing, in compliance with O.R.S. § 646.638(2). The complaint was mailed on December 8 and delivered on December 9, 2021.

2. Attached as Exhibit 1 is a true and accurate copy of the Certified Mailing Receipt issued when my office sent a copy of the complaint in this case to the Attorney General of Oregon.

3. Attached as Exhibit 2 is a true and accurate Certified Mail Return Receipt, showing the complaint was delivered to the Office of the Attorney General.

I hereby declare that the above statement is true to the best of my knowledge and belief,
and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

RESPECTFULLY SUBMITTED this 16 day of December, 2021.

By: s/ Carl Post
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Portland, Oregon 97205
Tel: (503) 241-3617
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7013 0600 0002 1624 2499



CERTIFIED MAIL™

LAW OFFICES OF DANIEL SNYDER

ATTORNEYS AT LAW
1000 SW BROADWAY, SUITE 2400
PORTLAND, OREGON 97206

Office of the Attorney General of the State of Oregon
Oregon Department of Justice
1152 Court St. NE
Salem, Oregon 97301-4096

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Office of the Attorney General of the State of Oregon

Oregon Department of Justice

1152 Court St. NE

Salem, Oregon 97301-4096



9590 9402 6820 1074 3149 38

2. Article Number (Transfer from service label)

7013 0600 0002 1624 2499

PS Form 3811, July 2020 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery


**D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No**

3. Service Type

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail (over \$500) | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
0001983984 DEC 08 2021
MAILED FROM ZIP CODE 97205
\$ 008.76

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;"><i>Office of the Attorney General of the State of Oregon</i></p> <p style="margin-left: 20px;"><i>Oregon Department of Justice</i></p> <p style="margin-left: 20px;"><i>1152 Court St. NE</i></p> <p style="margin-left: 20px;"><i>Salem, Oregon 97301-4096</i></p> <p style="text-align: center;">9590 9402 6820 1074 3149 38</p> 		<p><i>Lyle</i></p> <p>A. Signature</p> <p><i>X NMC ID1 CQ</i> <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>12/9/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
<p>2. Article Number (Transfer from service label)</p> <p><i>7013 0600 0002 1624 2499</i></p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<input type="checkbox"/> Insured Mail																			
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																			

Domestic Return Receipt

USPS TRACKING #



9590 9402 6820 1074 3149 38

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Law Office of Daniel Snyder
1000 SW Broadway, Suite 2400
Portland, OR 97205

97205-305400

